



SCHOOL GROUP REFUND REQUEST FORM

Must be received by Dec. 2, 2011

School Registration #: _____

School Name: _____

Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Contact Name: _____

School Phone: _____ Teacher Email: _____

Date of Visit: _____

Reason for Refund: _____

Please circle Original Method of Payment:

- Personal Credit Card
- School Credit Card
- Personal Cheque
- School Cheque
- Cash

Ticket Refund

*****All tickets must accompany this form before the Royal will process any refunds*****

Student x \$10.00 = _____

Chaperone/Teacher x \$6.00 = _____

Total \$ Owed = _____

Signature: _____ Date: _____

Mail Tickets and Refund Request Form to:

Royal Agricultural Winter Fair
c/o School Group Coordinator
RicoH Coliseum
Direct Energy Centre, Exhibition Place
Toronto, ON M6K 3C3